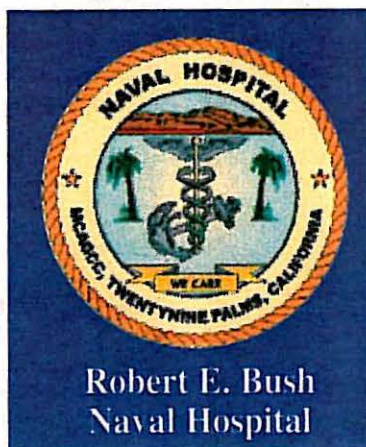




Lt. Richard Salisbury, Emergency Medicine Department, receives a Navy and Marine Corps Commendation Medal. To see all of this month's Super Stars Please turn to page 4.



Happy Birthday Navy Medicine

Established August 31, 1842



www.nhttp.med.navy.mil

Arthur Becomes New Navy Surgeon General



Rear Adm. Donald Arthur assumed his new role of Surgeon General of the Navy during a Change of Office Ceremony in Washington Aug. 4. Arthur relieves Vice Adm. Michael Cowan, who passed along a pair of muddy boots to remind the leading physician of the warfighters he serves as the head of Naval Medicine. U.S. Navy Photo by Ellen Maurer.

By Ellen Maurer
Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Rear Adm. Donald Arthur became the 35th Surgeon General of the Navy in a Change of Office ceremony hosted at the Washington Navy Yard Aug. 4.

Arthur relieves Vice Adm. Michael L. Cowan, who retired after 33 years in the Navy. Cowan has served as the leader of Naval Medicine since 2001.

Guest speaker at the ceremony was Adm. Vern Clark, Chief of Naval Operations. Clark spoke about the advances made in military medicine to care for today's warfighters and their family members.

"We will do everything we know how to do -- to help you fulfill the promise you have made to the sons and daughters of America who wear the uniform - to provide health care, first, effectively and, then, efficiently," said Clark to Arthur during ceremonial remarks. "We know you are committed to continuing building the foundation of Force Health Protection set in place by [Vice Adm.] Mike Cowan. I have every confidence that you will do an equally superb job."

Please see **SURGEON GENERAL** on page 7

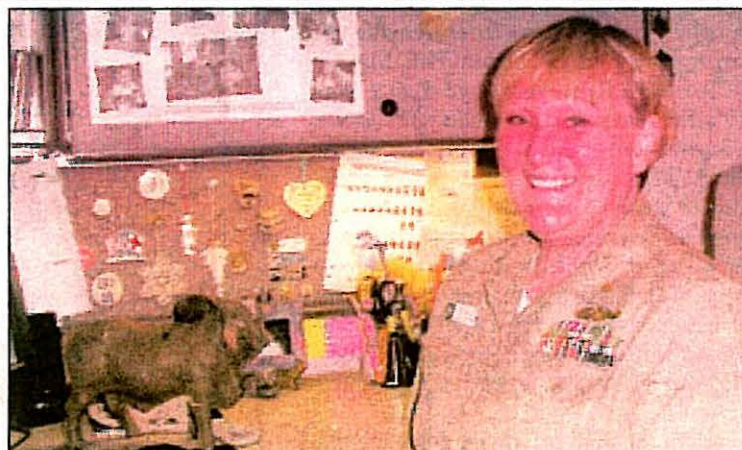
Introducing the Director of Ancillary Services

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

The Robert E. Bush Naval Hospital welcomes Commander Arletta Fryslie, Nurse Corps, United States Navy as its newest Director of Ancillary Services (DAS).

Fryslie, a "farm girl" who hails from Vienna, South Dakota, took over as DAS from Lt. Cmdr. Kimberly Zuzelski in

Please see **DAS** on page 7...



Inside...

Get ready to fight off infection! Colds and flu are the leading cause of visits to the doctor, leading cause of school absenteeism and the leading cause of missed work. **page 3**

In an effort to minimize wait times and improve continuity of care, the Immunizations clinic will begin scheduling all allergy injections beginning in October. **page 3**

Just because your child moves away from home and goes off to college doesn't mean they'll lose their military health care benefits. Your college student's health care needs may be covered by one of several TRICARE program options. **page 3**

Visit the Robert E. Bush
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Letters...

Great Care at China Lake

Dear Dr. Bavuso,

I am writing this letter to thank you personally, and your staff at the Branch Medical Clinic, NAWS, China Lake. Since my first appointment (with you) I have been treated with the utmost respect and professionalism. The medical staff has assisted me more than I ever expected. The pharmacy personnel also have been extremely professional when I need their assistance.

Another subject I would like to point out is how the medical staff addressed me as Mr. Getusky, I appreciate that.

Also, Dr. Bavuso, I look forward to having you as my Medical Advisor in the future.

Thank you again
Pat Getusky

Appreciation to ER Crew

Dear Captain Engelhart,

I would like to thank the professional staff who cared for my husband, Robert Race, when I brought him in to the Emergency Room around 9 p.m. on May 27. We had reason to suspect he was having a heart attack and Dr. Davies, Nurses and Corpsmen provided excellent care from the time we arrived until they were able to transfer him to Eisenhower Medical Center. Dr. Davies helped alleviate our concerns by his professionalism and taking the time to ensure he was transferred to the best place for his type of care and desires.

Please convey my appreciation to the staff who worked that night.

Dorothy Race

Dear Captain Engelhart,

I would really appreciate a moment of your time, during what I'm sure is a very busy day. I would start by saying that I am a retired sailor (served 22 years) of the United States Navy. I have seen and received medical attention in U.S. Military Hospitals and Medical Units in numerous areas of our nation and abroad.

On April 6 of this year, while visiting my son's family in Twentynine Palms Base Housing, I received the most outstanding professional and knowledgeable care.

The people on duty in the Emergency Room were very knowledgeable about their tasks and very professional in their performance, they were very friendly in their attitudes. They call made me very proud of our young service people.

After all my years in the Navy, I know that our young people don't receive near the 'Thanks' and pats on the back that they richly deserve. I'm quite sure that your office receives many more letters of complaint than letters of praise, which is the

true reason for this letter. I would appreciate your time, if you could let your ER crew know that they earned the respect of this old sailor. You have one heck of a great ER crew. Bravo Zulu.

The following is a list of names of the ER crew:

Dr. Lance Orr
Lt. Cmdr. Susan Union
Lt. Rene Bryant
HM3 Amber Coute
HM3 Aaron Kimmell
HN Kris Hagans
HN Gregory Barber

I really appreciate your taking time to accept this letter of thanks for your crew.

Yours Truly,

Richard L. Stephens, USN (Ret.)

Internal Medicine is Great

Dear Captain Engelhart,

We would like to take this opportunity to say a few words about Dr. (Lt. Cmdr.) Miceli. He has been our Primary Care Physician since he arrived at this Hospital. Both my wife, Joan, and I have always felt at ease in discussing medical problems with him. He is a very caring person and listens to the patient. To him a patient is not just a number but some one who has a health challenge and is asking for help. He always makes sure the patient understands what he is saying.

His leaving this area is Robert E. Bush Naval Hospital's loss but his next assignment's gain. We are very sorry to see him go but wish him the best of everything in his next assignment.

We also want to say how appreciative we are of the care we have received from both the medical and administrative staff for the past 25 years. We have always been treated with the utmost courtesy from everyone.

Sincerely,

Lawrence C. and Joan Avner

Dear Captain Engelhart,

It is hard to believe that the Salisbury family will have lived in Twentynine Palms for thirty years this coming late August. During these thirty years I have received the most wonderful care at the Naval Hospital facilities.

Being the wife of a retired Naval Officer, I wish to take this opportunity to compliment one of your doctors that is leaving us. I am referring to Lt. Cmdr. Phil Miceli, staff internist. Regrettably, we realize that duty rotations are a part of Navy life as we have witnessed so often these many years.

Dr. Miceli cared for me twice when admitted to the Emergency Room. I was having acute premature atrial contractions. Pretty scary! Dr. Miceli was confident, calm and caring in his treatment. Made me feel better just knowing Dr. Miceli knew his medicine. The same applied to many follow-up visits that I received for three years.

I am not alone in my praise for the good

doctor. Many of my retired Marine friends feel the same. It has been such a comfort knowing that Dr. Miceli was aboard. He will be missed for sure.

Anchors Aweigh and Semper Pari!

Yours very sincerely,
Genevieve Salisbury
(former Navy Nurse)

Excellent Care

Dear Captain Engelhart,

On July 15, while my wife was getting her allergy shot at your hospital, I called Central Appointments seeking information. I explained to Mr. Karen Benavente that my wife had been experiencing mild chest pains and was concerned that her nitroglycerin pills were outdated. I mentioned that we would be leaving town for a few days, but would like to get an appointment for her to see her physician in the near future.

Within about ten minutes, Ms. Benavente located me in the hospital to tell me she had contacted my wife's doctor, (Cmdr. Roldan), and that he refilled her medication and would see her for an appointment (for her allergies) on July 30.

I bring this to your attention to point out that Ms. Benavente did more than I expected, and that her actions greatly relieved our fears. We also deeply appreciate the evident concern of Cmdr. Roldan in

trying to address our problem. We have always received excellent care at your facility; it's easy to see why.

Sincerely,
C. J. Horn
Col. USMC (Ret.)

Grateful for the Color Guard

Dear Captain Engelhart,

I realize how very busy you are; however, I do want to relay my most sincere thank you to you and your outstanding staff for my unbelievable experience as the Naval Hospital, Friday, July 30.

To preface my statements, please allow me to brief you on the situation:

My husband, Gordon D. Cox, was a BMG3 in the Navy during WWII and the Korean War. In addition, he was a member of the Naval Reserve Unit in-between as well as after the Korean War. Gordon passed away January 20, 2004. I requested a military funeral and memorial service to be held at the cemetery in Iowa. The local American Legion post did the honors which included the gun salute, taps, and flag folding/presentation to me. Unfortunately, I felt the flag was not properly folded and that fact has been with me since his funeral. Gordon

Please see LETTERS on page 8

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Commanding Officer

Captain Robert J. Engelhart, MSC, USN

Executive Officer

Captain Dianne J. Aldrich, NC, USN

Public Affairs Officer/Editor

Dan Barber

Public Affairs Assistant

HM1 Kenneth Florence

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

Commanding Officer Naval Hospital

Public Affairs Office

Box 788250 MAGTFTC

Twentynine Palms, CA 92278-8250

Com: (760) 830-2362

DSN: 230-2362

FAX: (760) 830-2385

E-mail: d.barber@nhp.med.navy.mil

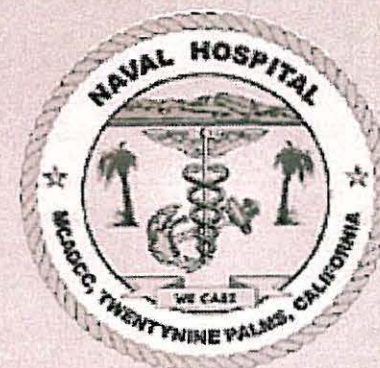
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56445 Twentynine Palms Highway

Yucca Valley, CA 92284

Com: (760) 365-3315

FAX: (760) 365-8686



Here's To Your Health...

Preparing for the Cold and Flu Season

Martha Hunt, MA Health Promotions Coordinator
Robert E. Bush Naval Hospital

Get ready to fight off infection! Colds and flu are the leading cause of visits to the doctor, leading cause of school absenteeism and the leading cause of missed work. What are the symptoms of colds and flu? How can you tell which you have? Cold symptoms include sneezing, scratchy & sore throat, mild cough, and runny nose. Most people recover from colds in 2 days to 2 weeks. Flu symptoms include chills, headache, dry cough, body aches, and fever. After a few days, you can also develop nasal congestion and a sore throat.

How do you catch a cold or the flu? Cold viruses are mostly spread by direct contact. For example, a person with a cold may touch their face or nose, spreading even just a little mucus onto their hands. This person then transfers the virus to another person by shaking hands or other direct contact. This newly infected person then touches their nose or mouth and this allows the virus to enter their body.

Flu viruses are spread in the air. If a person with the flu sneezes, coughs, or speaks, the air is filled with small droplets of mucus that contain the flu virus. Then you breathe this contaminated air, and become sick with the flu.

What are the best way to prevent the spread of colds and flu? Wash your hands! Use soap and warm water. Wash all of your hand surfaces, including your wrists, and wash for at least 10 seconds. Use the towel to turn off the water faucet so you don't re-contaminate yourself with cold and flu viruses.

Cover your nose and mouth when you

sneeze and cough! Didn't your Mom teach you this as a kid? Well, she was right. Cover your mouth and nose when you sneeze or cough prevents you from giving your flu or cold to someone else.

Clean and disinfect high traffic areas in your home! The kitchen, bathroom, and kids areas are high contamination areas in your home. By keeping them clean and disinfecting you kill most of the viruses causing the flu.

An easy to make disinfecting solution is 1/4 cup of bleach in one gallon of warm water. However, if using a bleach solution on children's toys, use only one tablespoon of bleach in one gallon of water. Remember! Never mix bleach and ammonia as a cleaning solution.

No cure for a cold or the flu is available, but many over the counter medications may help relieve symptoms. Ask the pharmacy or call the nurse advice line for more information.

Suggestions for treating a cold or the flu:

Get plenty of bed rest

Drink LOTS of fluids

Take a safe pain reliever for headache and fever. ALWAYS ask a health care provider before giving any pain medication to children under the age of 20 years.

Use over the counter medications for congestion, cough or nasal discharge

For flu, a flu vaccination can help prevent flu or lessen the severity if you do get it.

Taking large doses of Vitamin C has never been proven to help prevent colds or the flu. In fact, taking too much of any vitamin or supplement can be harmful! Ask the pharmacy about safety of any vitamin or supplement before taking it!

The best way to prevent getting a cold or the flu is by basic good hygiene! Your mom told you to cover your mouth and wash your hands for a reason; so you would be healthier and happier.

Appointments for Shots Start in October

In an effort to minimize wait times and improve continuity of care, the Immunizations clinic will begin scheduling all allergy injections beginning in October.

If you are an allergy patient, you will be given many options to choose from. Furthermore, your scheduled day and time will not change and you will receive a telephone reminder 48 hours before your visit.

During your next allergy injection visit, you will be given an allergy schedule form to fill out. Outpatient Services will contact you with your newly scheduled appointment times.

This change will not affect active duty members assigned to training or operational units as they will be allowed to continue to walk in for allergy injections.

When influenza vaccine is received by the hospital for the upcoming flu season, appointments will also be made for those immunizations. Information will be provided by the hospital to beneficiaries when the flu vaccine is available.

Point of contact is Lt.j.g. Hower, the Business Manager for the Directorate of Clinical Services. He may be reached at 830-2786.

Your College Students May Can Still be Covered Under TRICARE

Just because your child moves away from home and goes off to college doesn't mean they'll lose their military health care benefits.

Your college student's health care needs may be covered by one of several TRICARE program options.

Your children remain eligible for TRICARE up to age 21. To extend their TRICARE coverage through to age 23 your child must be a student enrolled full-time at an accredited school and you must provide more than 50 percent of your child's financial support.

To extend benefits for your college student beyond his or her 21st birthday, call the Defense Enrollment Eligibility Reporting System (DEERS) office here at the Marine Corps Air Ground Combat Center at 830-5365 for advice about the documentation needed to extend benefits for your child.

TRICARE benefits end when your college student reaches age 23 or graduates, whichever comes first.

College students and parents must keep their records and contact information current in DEERS so that they can maintain TRICARE eligibility, as well as receive important TRICARE information and claims-generated explanation of benefits (EOB) statements.

College students who are age 18 or older may update their own address, phone number, and e-mail in one of the following ways:

- * Visit a local uniformed services personnel office. The nearest one can be located online at www.dmdc.osd.mil/rsl.

- * Call 1-800-538-9552 (Monday-Friday 6 a.m. to 3:30 p.m. PST, except federal holidays).

- * Fax address changes to DEERS at 1-831-655-8317.

- * Mail address changes to: Defense Manpower Data Center Support Office, Attn: COA, 400 Gigling Road, Seaside, CA 93955-6771.

- * Update addresses electronically at www.tricare.osd.mil/DEERSAddress.

TRICARE Prime

If your college student lives in a TRICARE Prime Service Area, he or she may enroll in

TRICARE Prime. Call TriWest at 1-888-874-9378 or the Health Benefits Advisor at the Robert E. Bush Naval Hospital at 830-2978 for more information.

Program Costs

For active duty family members (ADFM), there is no enrollment fee or co-payment when obtaining authorized care at a military treatment facility (MTF) or through the TRICARE Prime network of civilian providers.

For family members of retirees, there is a small annual enrollment fee, no co-payment when obtaining authorized care at an MTF, and minimal co-payment when obtaining authorized health care through the TRICARE network of civilian providers.

Split Enrollment

Split enrollment allows you to enroll your college student in one region and the rest of your family in another. Retiree families pay only one enrollment fee. To use the split enrollment feature:

- * Notify each family member's regional contractor of the split enrollment status.

- * Complete an enrollment application and send it to the new regional contractor when your son or daughter arrives in the region. The contractors will coordinate enrollment fees and send statements to the designated payer.

- * Retirees--Be sure to pay your enrollment fees. An unpaid enrollment fee causes the entire family to be disenrolled.

Access to Care

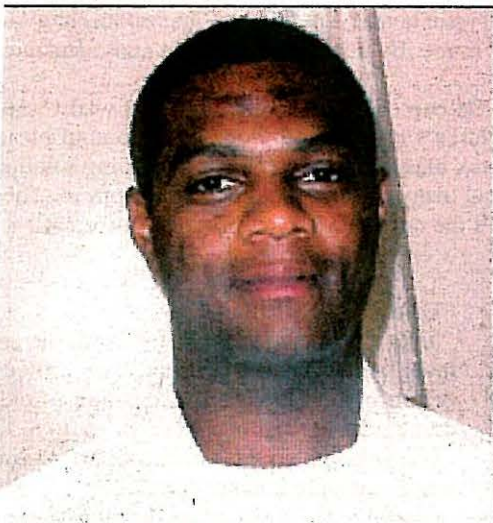
TRICARE Prime benefits cover emergency situations wherever your child travels.

With the exception of emergencies, your college student must receive care from their assigned PCM. A uniformed services ID card and TRICARE Prime enrollment card serve as proof of coverage.

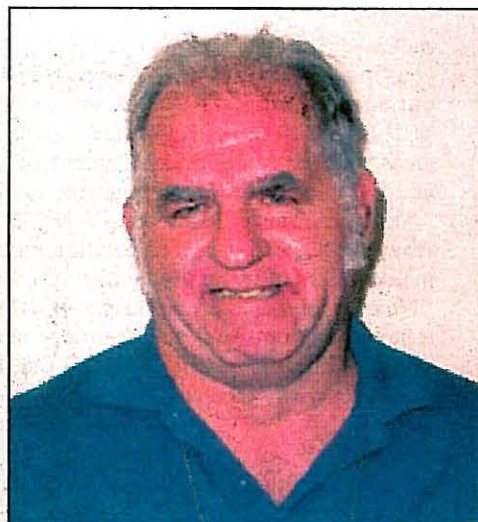
Referrals are required when seeking care from a specialist or a provider other than the PCM. Otherwise, the family will incur TRICARE point-of-service (POS) charges (POS deductibles: \$300 per individual/\$600 per family; POS cost-shares: 50 percent of the TRICARE allowable charge)



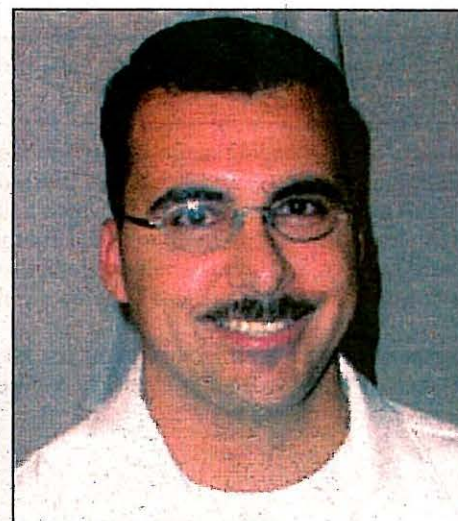
Super Stars and Hard Chargers...



HN Shedrick Edmond, of the Pharmacy receives his first Good Conduct Medal.



Harry Stephens, Housekeeping Department, receives special recognition for his part in keeping the hospital's Laboratory clean and ready for its CAP inspection.



HM2 Christopher White, Physical Therapy, receives the Military Outstanding Volunteer Medal.



Twila Thorne, Housekeeping Department, receives special recognition for her part in keeping the hospital's Laboratory clean and ready for its CAP inspection.

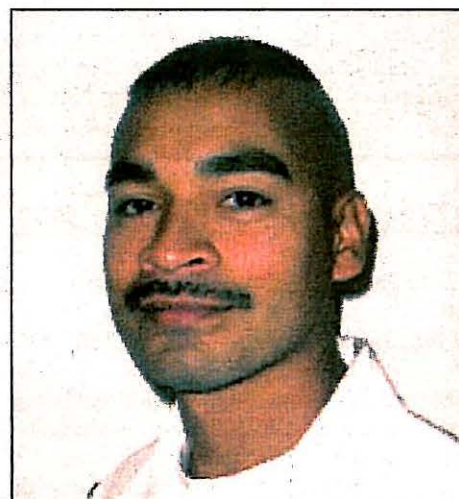
Hispanic Heritage Month Celebrated at Naval Hospital



HM2 Sonya Rainbolt, Health Benefits Advisor, receives a Surgeon Generals Letter of Commendation.



Lt. Richard Salsbury, Emergency Medicine Department, receives a Navy and Marine Corps Commendation Medal.



HM3 Daniel Guillen

HM3 Daniel Guillen

Born in Corpus Christie, Texas and raised in San Antonio, Texas. HM3 Guillen enlisted in the Navy out of San Antonio in December 2002. "I joined the Navy to provide for my family and finish my education. I take pride in fulfilling my duties as a United States Navy Sailor and my goal is to be a commissioned officer."

HM2 Ana Reyes

Born in El Salvador, HM2 Reyes moved to the United States when she was 9 years old and grew up in Hollywood, California. She enlisted in the Navy in November of 1995.



HM2 Ana Reyes

"Throughout my 28 years my parents assured that I would not forget my El Salvadorian heritage. My mother spoke to me only in Spanish and cooked delicious Salvadorian dishes for us every day. I someday hope to share this culture with my children as I am 100 percent Salvadorian and this runs through my veins and seeps into my pores. I am proud to represent my country while serving in the United States Navy."

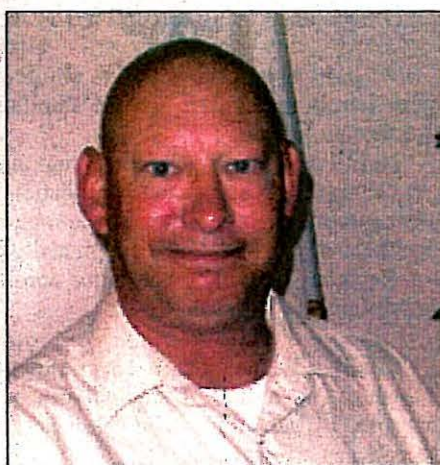
HM1 Ubaldo Llanos

Born in the Naval Hospital San Diego, HM1 Llanos entered the Navy in 1986 out

Continued on next page



HN Suzanne Salter, Emergency Medicine Department, receives her first Good Conduct Medal.



Mr. Rick DeLuna presents the Runners Up Commanding General's 2004 Trophy Competition to the Naval Hospital.

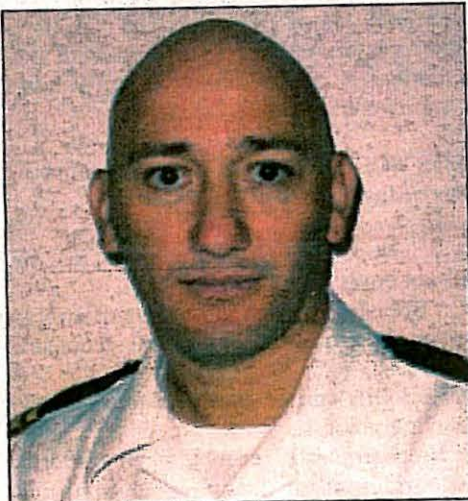
Hispanic Heritage Month Celebrated at Naval Hospital

Continued from previous page

of Portland Oregon. He is second generation Mexican with a lineage that traces back to Spain and third generation military as his Father and Grandfather served until retirement in the U. S. Army. HM1 Llanos served during Operation Desert Storm on the USS Tarawa LH-1 and after graduating from FMSS he served for three years with 2nd Battalion, 7th Marines before arriving at Naval Hospital Twentynine Palms.

HM3 Rodolfo Rosales

"I am proud of who I am today and all of the sacrifices that were made before me so that I could be here right now. I am first generation Mexican-American and am proud that I can occasionally choose a hamburger over tacos, that I do not need to cover every meal with chili or salsa and I do not believe in the power of Vick's vapor



LT Ronald Mata

rub. So my fellow Mexican-Americans, don't be afraid of who you are, feel free to create your own culture, always remember your roots and never be ashamed."

LT Ronald Mata

Born and raised in Costa Rica, Lt. Mata came to the United States in 1984. Mata enlisted in the Navy as a Religious Program Specialist in 1989 and served in Bahrain during Operation Desert Storm. After attending the University of Central Florida, Mata earned his commission in 1996 and was assigned first to Naval Hospital Jacksonville, Florida and then Naval Medical Center, Bethesda, Md. as well as to the USNS Comfort. While aboard the USNS Comfort, Mata participated in the Baltic Challenge and was a Division Officer during Iraqi Freedom. Mata is currently the Division Officer on MSW and shares his life with his girlfriend Sandy who is an ICU Nurse at Desert Regional Medical Center. "I have enjoyed my time on active duty and I am hoping to



HM2 (FMF) Juan Rodarte

continue to serve in the U.S Navy and our country."

HM2 (FMF) Juan Rodarte

HM2 Rodarte was born and raised in El Paso, Texas. After studying criminal law at a community college in pursuit of a career as a Border Patrol Officer, Rodarte decided at the age of 19 to join the Navy in 1996 in the Delayed Entry Program and attend boot camp, January of 1997. "The Navy for me has been an eye opening experience. After a few years I have accomplished what I had wanted, which included pay, travel and education with an income. This has been the best decision that I have ever made in my entire life. I will stay in the Navy for 20 years. I already have 7 years and 6 months in and I am only 26 years old."

Lt. Sandra Vasquez (Longoria)

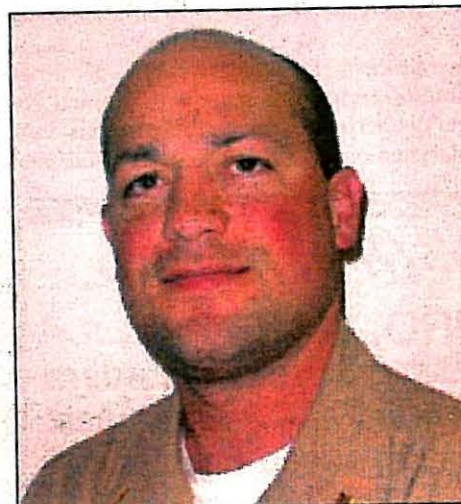
"My parents migrated from South Texas and settled in Washington State where my brothers and I were born and raised. Being the only female child of a traditional Mexican-American family posed quite a challenge for me while growing up (not to mention my poor parents). After high school I enlisted in the Marines for 5 years and served 3 years in the National Guard. I studied Nursing while in college because I felt that I owed God a little something yet realizing that I was most happy serving God and my country, I joined the Nurse Corps in 1995 and received my commission in 1997. For my fellow Latinos I will say this: stay in school, take advantage of every opportunity, maintain your integrity and above all NEVER forget who you are and where you came from."



Lt.j.g. Priscilla Del Carpio

Lt.j.g. Priscilla Del Carpio

Lt.j.g. Del Carpio was born June 18, 1979 to William, who immigrated to New York at the age of 18 from Camana, Peru and Ivette, whose family is originally from Ponce and Toa Alta, Puerto Rico. Del Carpio's parents met in Bronx, New York at their place of employment and married August 6, 1978. The family also includes two younger sisters, Venessa, 20 and Jennifer, 23. "I have been to rural Peru twice to visit my Fathers family and eventually plan to visit my grandparents in Puerto Rico. After earning my Bachelors of Science in Psychology with a minor in Business Administration and a Master's in Healthcare Administration at the University of Florida (Go Gators!), I was commissioned as an officer in May 2003. Naval Hospital Twentynine Palms is my first duty station. It has been a transition

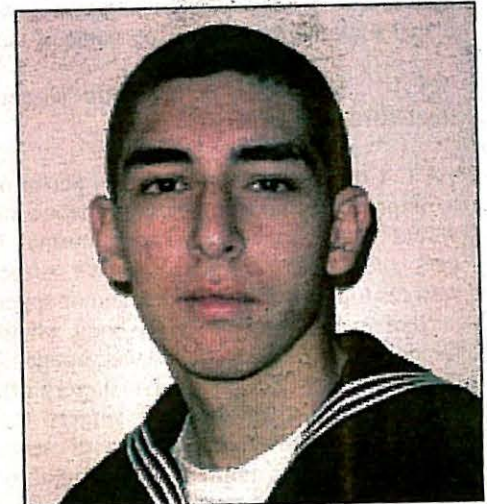


ENS Frederick A. Matheu

for me to be so far from my family, but I am enjoying myself here and looking forward to future duty stations and the possibilities as a Naval Officer."

ENS Frederick A. Matheu

ENS Matheu was born in Humacao



HN Erik Burgos

Puerto Rico. He joined the United States Navy in 1991 as a Hospital Corpsman. In October of 2003, he earned his Commission and is the Laboratory Officer here at Naval Hospital Twentynine Palms.

HN Erik Burgos

"I was born in Madrid, Spain and spent 12 years of my life there. Madrid is a beautiful city where soccer and bull fighting are two of the biggest things. Spain is also popular in the world for the famous running of the bulls and the annual big tomato fight. In Spain the military is a tradition, so ever since I was a little kid I wanted to be in the military. My Dad had to move to the States because of his job, so in 1998 we moved to Chicago where I went to high school and in my junior year I signed up for the Navy. I wanted to be a Naval Hospital Corpsman because I love the medical field and would like to become a doctor. I am currently enrolled in the American Military University, majoring in History. When I am done with that I plan to apply to med school."

**Patriot Day
September 11,
2001**

**We Will Never
Forget**

Medical Minute...

Plastic Surgery for Military Beneficiaries: Who, Why, When

LT Catherine O. Durham, MSN, FNP
Robert E. Bush Naval Hospital

Many times throughout the week our medical providers are asked about plastic surgery. This is a very 'hot topic' socially, and medically. The purpose the article this month is to dispel some myths and answer some of the questions we are frequently asked.

Q 1: Just what is cosmetic surgery? Reconstructive surgery?

A 1: Cosmetic surgery is surgery performed to improve the appearance of someone who would otherwise be considered normal for age, race, etc. Reconstructive surgery restores to normal the function and or appearance of an abnormal part of the body, whether the defect is from trauma, cancer, congenital deformity, etc. Reconstructive surgery often requires the use of cosmetic surgery techniques to improve appearances of service members who are injured or disfigured as a result of combat, an accident or other conditions.

Q 2: Is it true that the military will perform 'makeovers' for anyone who is eligible for care from the military?

A 2: Military medicine is not in the 'makeover' business. However, military surgeons perform reconstructive surgery that often entails some degree of aesthetics. Experience with cosmetic cases gives the surgeons the ability to achieve the best possible results for reconstructive patients. Elective cosmetic surgeries occur on a space, and time, available basis; all beneficiaries except the active duty member pay for elective cosmetic surgeries.

Q 3: Are there cosmetic surgery centers in the military where beneficiaries go for their 'makeovers'?

A 3: The Department of Defense does not operate cosmetic surgery centers. However, some of the military hospitals have staff capable of performing reconstructive and cosmetic surgery procedures. Reconstructive surgery is performed by plastic surgeons, maxillofacial surgeons, ophthalmologists, and otolaryngologists. Not all military hospitals

have the surgeons and support staff to perform reconstructive or cosmetic surgery.

Q 4: If someone wanted to have a procedure done and the military hospital where they lived does not offer it, can they go downtown and have TRICARE pay for it?

A 4: TRICARE will cover reconstructive, plastic and cosmetic surgeries under the following circumstances:

Plastic Surgery as a Recruiting Tool?... No Way!

It is inaccurate that cosmetic surgery is used to attract recruits. This would be an inappropriate ploy to attract young people to jobs where their lives may be at risk.

Qualified plastic surgeons are needed in the military; they must be attracted, recruited, trained, and remain current in their professional discipline. Regrettably, combat and military operations, such as that currently going on in Iraq, sometimes lead to grievous injuries... injuries we have the obligation to care for and treat. Often plastic surgeons are needed to treat these injuries; reconstructive surgery may also require cosmetic surgical techniques to restore our wounded to health and normal appearance.

Cosmetic surgical practice in the military allows our surgeons to become board certified, and is needed to maintain those surgeons' skills. To reach competency and maintain proficiency, these medical professionals comply with the same requirements as their civilian counterparts. Since the military needs specialists in the fields of plastic surgery, otolaryngology, ophthalmology, dermatology and oral surgery to accomplish both the wartime and peacetime missions of taking care of our troops, it is imperative to provide them adequate skill maintenance and proficiency for board certification in these clinical areas. Accordingly, if their schedule permits, military plastic surgeons perform some cosmetic surgical procedures.

Who pays for these services? Here are the facts. Plastic surgery for medically necessary causes, such as trauma, burns, or disease is fully covered by the government (tax payer's money). Procedures for purely elective purposes are not a covered health benefit to military members or families.

There are about 9 million people eligible for military healthcare; about 1.4 million are active duty service members. Cosmetic surgery in medical facilities amounts to far less than one tenth of one percent of the worldwide workload. The Navy only has three facilities that have reconstructive/cosmetic surgery capabilities; they are National Medical Center Bethesda (where many of our wounded Marines and Sailors from Iraq are treated); Naval Medical Center Portsmouth and Naval Medical Center San Diego.

The purpose of today's military medical system is to provide the best care for our service members when they sustain injuries or become ill while serving their country. Military medical personnel have accomplished incredible advances in medicine in the interest of helping our wounded. Our medical personnel at the Robert E. Bush Naval Hospital practice their skills in peacetime to be ready for the consequences of war.

* Correction of a congenital anomaly (e.g., to correct a cleft palate)

* Restoration of body form following an accidental injury

* Revision of disfiguring and extensive scars resulting from cancer surgery

* Reconstructive breast surgery following a medically necessary mastectomy

* Penile implants for organic impotency, and testicular prostheses

* Surgery determined to be a medically necessary procedure, integral to the restoration of an individual function

* Panniculectomy (surgical excision of the abdominal apron of superficial fat in the obese) performed in conjunction with other abdominal or pelvic surgery when necessary to improve bodily function.

Q 5: Will TRICARE cover breast augmentations or face lifts?

A 5: No, some procedures that TRICARE will not cover include:

* Breast augmentation mammoplasty (except post-mastectomy breast reconstruction)

* Face lifts and other procedures related to the aging process

* Blepharoplasty (except when performed for correction of documented significant impairment of vision)

* Rhinoplasties (except when performed to restore function)

Q 6: Does the military use cosmetic surgery as a recruiting incentive?

A 6: No, it is not the policy of the Department to offer cosmetic surgery as an inducement by recruiters to bring young men and women into the Armed Forces.

Q 7: Is there any good reason to do cosmetic surgery in the military?

A 7: Military plastic surgeons, as with other specialists, require hours of education and training and continuous practice to keep their skill sets within medical standards. Without cosmetic surgery as part of their scope of practice many would see military service as onerously restrictive, depriving them of experience in a fundamental part of the plastic surgery field.

Q 8: If someone who wants a breast augmentation takes an assignment in Washington D.C., will that guarantee the procedure will be done?

A 8: No, there is no guarantee that a particular elective procedure will be performed. Elective procedures are done on a space available basis.

Q 9: What is the policy on coverage of cosmetic surgery?

A 9: The purpose of supporting plastic surgery in the military is to support graduate medical education, to allow surgeons to collect cases for board certification, and to maintain

Please see PLASTIC SURGERY on page 8

Amalia A. Geller, M.D.

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From the Desk of the Surgeon General...

Shipmates,

Having assumed duties as your Surgeon General, I want to convey how impressed I am with Navy Medicine's professionalism and commitment to excellence. It is an honor to lead such an impressive organization. Thank you for the privilege!

Navy Medicine exists to support the CNO's and Commandant's vision for the Navy-Marine Corps team. We are entrusted with a tremendous responsibility - the health of our Sailors, Marines, families, and retirees. We provide highly skilled, operationally agile and combat-ready forces who ensure our Sailors and Marines are physically and mentally ready for the challenges of deployment.

My Vision. Navy Medicine will keep Sailors and Marines fit to fight, will serve as a defensive weapon system protecting the warfighter and deterring threats, will provide flexible medical support in combat overseas and emergency response at home, and will provide incomparable health services economically to all whom we are honored to serve.

My Priorities. To achieve this vision and provide Force Health Protection for those entrusted to our care, I have five priorities for Navy Medicine - all will be achieved through expert leadership, education, and research:

1. **Readiness** - aligned and agile. Our most important priority is readiness. To be ready, Navy Medicine must be responsive, agile, and aligned with the operational forces. We must have the right people with the right capabilities continually ready to deploy in support of the Navy-Marine Corps team. The Global War on Terrorism has challenged us to broaden our view of readiness. Our MTFs must be prepared to respond to any contingency, to provide expert care to casualties returning from theatre, and be ready to support the Nation's needs in collaboration with the National Disaster Medical System.

2. **Quality, Economical Health Services.** Navy Medicine will continue to provide the finest, cost-effective health services in the world to America's heroes and their families - those who currently serve, those who have served, and the family members who support them.

3. **One Navy Medicine** - Active, Reserve and Civilian. Navy Medicine is one team.

DAS...

Continued from page 1

August. Fryslie was aggressively recruited to the Navy in 1982. "The Navy kept calling and finally I went on a recruiting trip to Pensacola, Florida, that was it... I signed on and it's been an adventure ever since," she said.

Fryslie's most memorable experience to date was a WESTPAC cruise in 1996 aboard the USS Tarawa (LHA-1 & 13th MEU), and a deployment to Mogadishu, Somalia from December 1992 to February 1993 with 1st FSSG.

Her future goal is to eventually retire from the Navy and get back to her roots, albeit on a smaller scale as a part-time gardener. She also hopes to pursue a career in "holding the stop/slow sign for a road construction crew," she said.

Fryslie's philosophy for life and leadership is tied together as, "Lead by example and treat others as I would want to be treated... and above all else, have fun."

When not busy leading a large important Directorate here at the hospital, Fryslie enjoys travel, cross stitch, reading and hopes to get back to swimming and biking. She shares her home with her two cats Fred and Ginger.

Access to Healthcare Information Explained

Access to information on current health care problems is provided by TRICARE civilian and military health care providers and treatment facilities. We have reconfigured our information offerings to improve access to the many alternatives for health care information other than the Health Care Information Line (HCIL), including the following options:

Beneficiaries may obtain 24/7 general health care information by visiting TRICARE Online, www.tricareonline.com.

Beneficiaries may access information about the TRICARE benefit on the TRICARE Web site at www.tricare.osd.mil or by calling the TRICARE regional contractor at 1-888-874-9378.

Beneficiaries in the West Region may obtain general health information by calling 1-888-874-9378. The number offers options for accessing health care information, including an audio health library.

The Robert E. Bush Naval Hospital, offers a number of options that can help you and your family make wise health care decisions.

If you have ready access to the Naval Hospital your health information options are:

During normal business hours, contact Outpatient Services at

830-2752. Outpatient Services can take care of all your health care needs by providing appointment scheduling, nurse advice, telephone consultations with your Primary Care Manager and hospital information.

After normal business hours, you may contact 830-2190 to gain access to our on call Primary Care Manager who will provide you with sound medical advice.

SURGEON GENERAL...

Continued from page 1

Arthur comes to the Bureau of Medicine and Surgery from his former position as the Commander of the National Naval Medical Center, Bethesda, Md. He holds a Doctor of Medicine degree, a Ph.D. in Health Care Management, and a Degree in law (J.D.) Arthur joined the Navy in 1974, and is qualified in Flight Surgery and Undersea Medicine, as well as Surface Warfare Medicine, Saturation Diving Medicine, Radiation Health.

"It is a tremendous honor to be to be part of Navy Medicine. I pledge to continue the work that Admiral Cowan has began... so Navy Medicine can continue to respond, whenever and wherever, against all threats - some of which we can not combat with traditional methods. We must be prepared to predict, prevent and treat those things that might still come to us," said Arthur. "We will do it as one Navy Medicine, active and reserve. And, we will do it as one Department of Defense medical unit that is a seamless, integrated Navy, Army and Air Force medical system."

We must seamlessly integrate the talents and strengths of our entire workforce to accomplish our mission of force health protection.

4. **Shaping Tomorrow's Force.** Our human capital strategy must provide the right force to accomplish our mission. This means refining and shaping our force by recruiting, training and retaining the right mix of health professionals.

5. **Joint Medical Capabilities.** Navy Medicine will continue to collaborate with our counterparts in the other Services to ensure optimal Department of Defense mission achievement. We will be fully integrated with local, State, and Federal agencies to respond to homeland security threats. The Military Health System plays a critical role in national security and we will be trained, fully integrated with our colleagues, and absolutely ready to respond.

Our Nation is at war against threats that demand our best efforts and innovative leadership. Our Nation has accepted a "new normal" since the terror attacks of 2001. Navy Medicine must be ready whenever and wherever we are called upon to serve - aboard ship, on foreign soil, and here at home.

The priorities outlined here will guide our efforts and, in coming weeks, I will provide additional guidance on them. I am confident in your support and dedication to this honorable calling. I encourage your continued best efforts as we work to provide Force Health Protection for the Navy and Marine Corps in the era of the war on terrorism.



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PLASTIC SURGERY...

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surgeons' skills.

Since the military services must retain specialists in the fields of plastic surgery, otolaryngology, ophthalmology, dermatology and oral surgery to accomplish both the wartime and peacetime missions, it is imperative to train residents and provide adequate skill maintenance for board certified physicians in these clinical areas.:

* Residents and staff physicians in these specialties areas are able to perform limited numbers of cosmetic surgery procedures. For each procedure, the number of procedures is restricted to that number the typical civilian resident performs in a non-military training program, as reported by the Plastic Surgery Residency Review Committee.

* The specialty procedures are to be performed only by:

o residents in the specialties that require training in cosmetic surgery procedures as part of their graduate medical education programs (i.e., plastic surgery, otolaryngology, dermatology, and oral surgery)

o staff surgeons preparing for board certification

o staff certified in those specialties in order to maintain their skills and proficiency.

* The fee charged for elective procedures performed on dependents is based on the International Classification of Diseases -- Clinical Modification (ICD-9CM) and Physicians Current Procedural Terminology (CPT 4). All non-active duty beneficiaries who have non-therapeutic cosmetic procedures must pre-pay the established daily rate or outpatient rate depending on the complexity of the procedure. These fees are set annually by the DoD Comptroller.

* The policy prohibits discrimination based on the rank of the sponsor in the selection of patients for such procedures.

Q 10: Is this for active duty only or are retirees and family members eligible for these services?

A 10: All beneficiaries are eligible. There is no discrimination based on the rank of the sponsor.

Q 11: For breast enlargements, - does the military remove/and or replace if there is a problem with leakage?

A 11: This is not a TRICARE benefit. If the current beneficiary had the procedure done in the private sector, the recommendation is for the beneficiary to seek this care in the private sector. However, if the procedure was done in the private sector and a decision is made to remove it at an MTF, periprosthetic capsulotomy will carry a charge.

If the procedure is done in the MTF, the implant and procedures used for the augmentation mammoplasty is in full compliance with Food and Drug Administration guidelines. If the procedure was done as a breast reconstruction following surgery for cancer, and the device leaks, removal/replacement is a TRICARE benefit and there would be no charge in the Military Treatment Facility (MTF).

Q 12: Who pays for these services?

A 12: There is no charge for reconstructive surgery related to trauma, burns, or disease. Active duty members must purchase any cosmetic implants or supplies but pay no surgical fee. All others must pay a surgical fee. These fees, posted each year by the OSD Comptroller are similar to what a patient might pay in the private sector.

And finally, if you are interested in any surgical procedure contact your PCM to talk about the risks and benefits of surgery.

Coming Next Month: Breast Health Awareness

LETTERS...

Continued from page 2

believed in exactness and, because he always wanted things done to perfection, I knew it must somehow be remedied.

As happenstance would have it, several weeks ago I met a woman through a mutual friend and she works on base. I told her my story, and it is she who is primarily responsible for this flag refolding to really happen.

The woman, Marsha R. Williams, Frt. Rate Asst./Traffic Management Office, "picked up the ball and ran with it" (so to speak). She was immediately dedicated to my thoughts and seemed very positive that somehow it could and would be refolded. Because of her follow through, I was contacted within days to choose a date/time for the ceremony. Marsha is to be commended for her support and assistance in this matter.

The next contact I had was from Jesse C. Allen, Public Affairs Office/Community Relations Officer at the Marine Corps Base. Mr. Allen indicated they were "...standing by and will respond as your convenience." I was completely taken aback by his complete understanding of my situation, promptness, and willingness to "make this happen." Because Gordon was a Navy Man, Mr. Allen turned the ceremony over to the Naval Hospital personnel.

My next point of contact was Dan Barber, Public Affairs Officer, Naval Hospital. The ceremony was set for Friday, July 30 at 10:30 a.m. I reported to Mr. Barber's office and quickly realized he was a very thorough and efficient person. He had everything under complete control and my dream was about to happen. There ceremony was held outside and Mr. Barber not only attended, he took pictures and saw to it that I received copies before I left the facility. I appreciate having these pictures. All of this is "what separates the men from the boys!" Furthermore, I want to be aware of my personal, overall observation concerning him that day. Mr. Barber personifies what a Public Affairs Officer should be!

As I was seated in the main entrance area and waiting for the ceremony to begin, Sgt. Jennie E. Haskamp, of the Public Affairs Office with Mr. Allen, introduced herself and made a point of asking pertinent questions concerning my husband's Naval career, our marriage (We were married 55 years!), our lives together etc. She made the appropriate notes and indicated this might possibly be published in The Examiner. I admired the manner in which she conducted herself as she interviewed me. Jennie is very personable and her dedication to duty and country is quickly

observed. Her demeanor with others is outstanding.

The three Navy Color Guard members were remarkable!

HM2 Christopher White is epitome of what a young Navy man should be! I enjoyed the opportunity to chat with him prior to the ceremony. Not only is he a very warm and sincere person, he also opened himself up to me personally and we bonded as he listened to my story and I heard several stories about his own grandfather, all of which I could relate to. He paid meticulous attention to correctly folding Gordon's flag and, after he presented it to me, he reached over and gave me a most welcome hug! It was a tender moment for me. I noted he is a hospital corpsman and decided his patients were lucky indeed to have him watching over them.

YN3 Kurri Darby seemed to be a devoted Navy woman, who enjoys doing the Color Guard duty. She and I did talk to a brief time and I was impressed with her. She seemed to be the type of Sailor, who would always go above and beyond the call of duty. The conscientious and meticulous folding of Gordon's flag was an awesome and comforting experience for me.

HN Lisa Dutra carried out the Color Guard duties with precision. I was amazed at the manner in which she participated in the folding of the flag. She folded and tucked with such care, the end result was a perfectly folded flag. She and I also talked for a short time prior to the ceremony and I came away from that conversation with the belief Lisa is a woman who will make a mark in her chosen Navy career.

Thank you for listening, Sir! I extend my most sincere thank you to all concerned in the flag ceremony for my husband, Gordon. He would have been proud to know I was treated with dignity, respect, and warmth as the ceremony was observed. And, I believe he was there and does know! Gordon loved his country, his flag, and the Navy!

It was an extreme honor to have had this ceremony. I hope the above-mentioned persons would receive recognition for their contributions to this event. I most certainly salute each and every one of them.

Respectfully yours,
Mrs. Gordon D. Cox (Jean J.)

Editor's Note: All letters published in The Examiner have the author's permission.

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